

01-02-01

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Request for Filing Divisional Application under 37 C.F.R. §1.53(b)**

Assistant Commissioner for Patents  
Washington, D.C. 20231

jc844 U.S. PTO  
09/751163  
12/29/00

Sir:

Transmitted herewith for filing is the Patent Application of:

Inventor: Salvatore M. Storino, et al.

For: **METHOD FOR ELIMINATION OF PARASITIC BIPOLAR ACTION IN  
SILICON ON INSULATOR (SOI) DYNAMIC LOGIC CIRCUITS**

**ASSIGNEE: International Business Machines Corporation**

**ASSIGNEE RESIDENCE: Armonk, New York**

This is a request for filing a divisional application under 37 C.F.R. §1.53(b) of pending prior application Serial Number 09/240,244, filed on January 29, 1999, and entitled "METHOD AND APPARATUS FOR ELIMINATION OF PARASITIC BIPOLAR ACTION IN COMPLEMENTARY OXIDE SEMICONDUCTOR (CMOS) SILICON ON INSULATOR (SOI) CIRCUITS".

The prior application has been incorporated by reference herein.

The following is attached:

- Transmittal sheet (in duplicate) containing Certificate of Mailing under 37 C.F.R. §1.10
- Divisional Utility Patent Application, with 14 pages of Specification, 5 pages of Claims (16 total claims, of which 2 are Independent) and 1 page Abstract (filing fees calculated below)
- Copy of Executed Declaration and Power of Attorney and Petition from prior application
- 4 sheets of formal drawings
- Information Disclosure Statement and Form PTO-1449
- Change of Attorney Address and Associate Power of Attorney
- Return Postcard

**EXPRESS MAIL CERTIFICATE**

Express Mail Label No.: EK899953316US  
Date: December 29, 2000

I hereby certify that I am depositing the enclosed or attached paper with the U.S. Postal Service "Express Mail Post Office to Addressee" service on the above date, addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

  
Roy W. Truelson

Divisional Application Transmittal  
Attorney Docket No.: RO998-200B

The filing fee has been calculated as follows:

For:	No. Filed	No. Extra
Basic Fee		
Total Claims	16 -20 =	0
Indep. Claims	2 -3 =	0
<input type="checkbox"/> Multiple Dependent Claim Presented		

Other Than Small Entity

Rate	Fee
	\$ 710.00
x \$18.00=	0.00
x \$80.00=	0.00
\$270.00	\$ 0.00
<b>TOTAL</b>	<b>\$ 710.00</b>

Deposit Account Authorization:

Please charge Deposit Account No. 09-0465 in the amount of \$710.00. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0465. A duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 C.F.R. §1.16.

Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

SALVATORE M. STORINO, et al.

By 

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Date: December 29, 2000

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